

# **ARIZONA CASA PROGRAM**

## **BEYOND THE BASICS Training Manual**



*Source: National CASA Association 2007 Volunteer Training Curriculum*



Dear Advocate,

Now that you have completed *Getting Started* and *Advocacy Academy*, you should have a much broader awareness of the principles and concepts that guide CASA work, and more knowledge about the systems and challenges you will encounter as a CASA volunteer in Arizona.

As you embark on your final 7 ½ hours of pre-service training, you will go *Beyond the Basics* by exploring values, effective communication, case management, self care and community resources in your county. The *Beyond the Basics Manual* is divided into 5 sections:

1. Understanding Families/Values & Views
2. Communicating as a CASA Volunteer
3. CASA Work—Part 2
4. Self Care for CASA Volunteers
5. Statewide Services and Local Resources

You are encouraged to review and begin working on the exercises in this manual. Your CASA office will be contacting you shortly to provide you with the final steps of your pre-service training.

We wish you much success in your endeavors as a CASA volunteer and are committed to making your time as a CASA in Arizona a rewarding experience.

Sincerely,

A handwritten signature in cursive script that reads "Bonnie Marcus".

Bonnie Marcus  
Program Manager  
Arizona CASA Program



# **Arizona CASA Program**

## **BEYOND THE BASICS MANUAL**



### **Section Overview**

- Section One: UNDERSTANDING FAMILIES/VALUES & VIEWS**
- Section Two: COMMUNICATING AS A CASA VOLUNTEER**
- Section Three: CASA WORK—PART 2**
- Section Four: SELF CARE FOR CASA VOLUNTEERS**
- Section Five: STATEWIDE SERVICES AND LOCAL RESOURCES**



# Section One

## UNDERSTANDING FAMILIES/ VALUES & VIEWS

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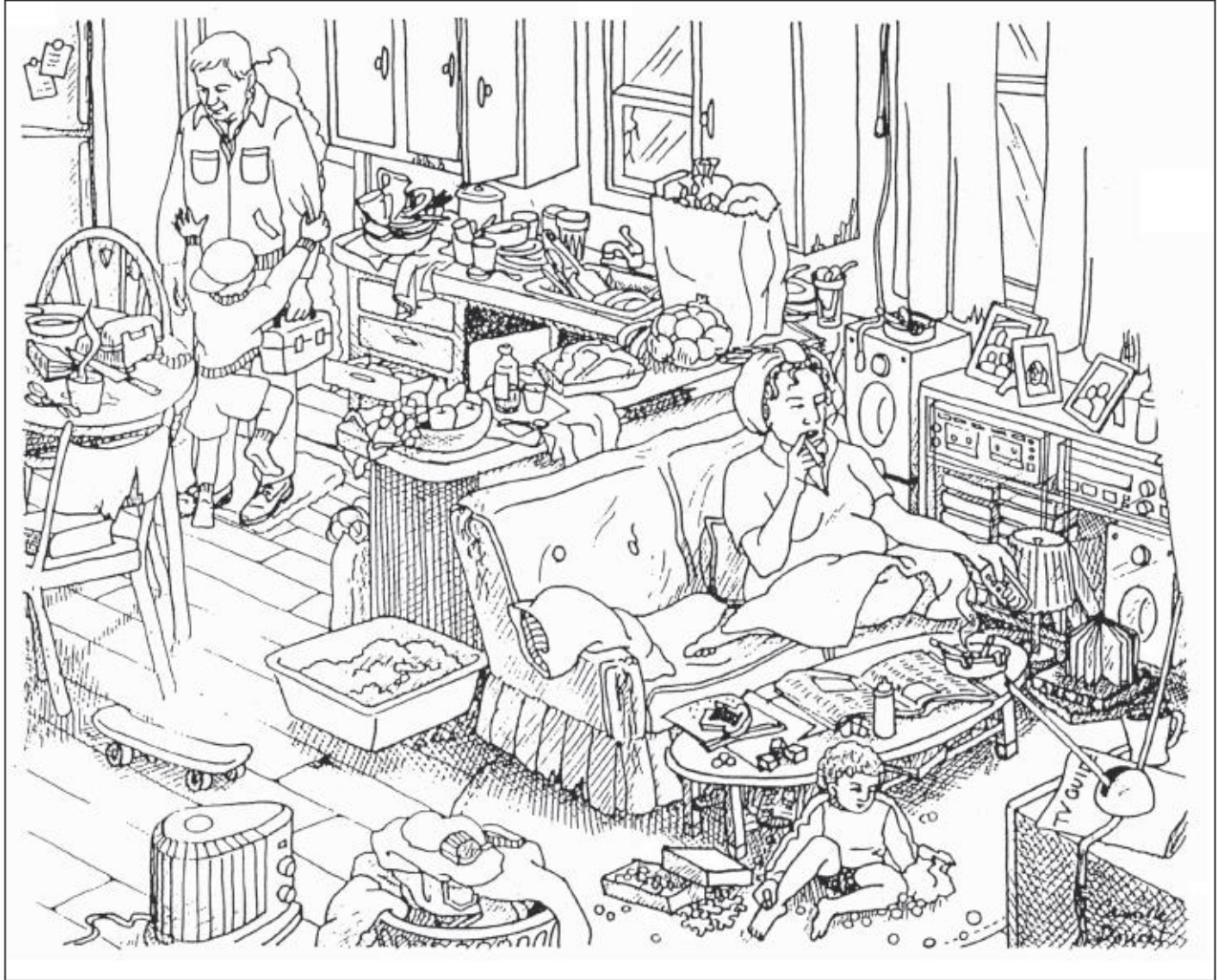






## ACTIVITY: Identifying Family Characteristics

**PART 1:** Look at the illustration below and write down 8–10 things that you notice right away.



Used with permission from the artist, Camille Doucet.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## Section One

### Seeing the Strengths and Resources in Families

Do you know the question about whether the glass is half full or half empty? In your CASA work with families, you can ask yourself a similar question, focusing on the positive or the negative. If you look at a family through a “resource” lens, you focus on identifying the strengths; if you look through a “deficit” lens, you focus on the problems. ***All families have strengths and weaknesses.***

As you review the following table, compare the resource lens and the deficit lens.

Resources vs. Deficits	
If I look through a RESOURCE LENS I am likely to...	If I look through a DEFICIT LENS, I am likely to...
Look for positive aspects	Look for negative aspects
Empower families	Take control or rescue
Create options	Give ultimatums or advice
Listen	Tell
Focus on strengths	Focus on problems
Put the responsibility on the family	See the family as incapable
Acknowledge progress	Wait for the finished product
See the family as expert	See service providers as experts
See the family invested in change	Impose change or limits
Help identify resources	Expect inaction or failure
Avoid labeling	Label
Inspire with hope	Deflate the family’s hope

*Adapted from materials developed by CASA for Children, Inc., Portland, Oregon.*

Your ability to identify strengths in families depends partially on which lens—the resource lens or the deficit lens—you use in your work with families. The lens you choose will also influence your work with others involved in the case.

Using a strengths-based approach means acknowledging the resources that exist within a family (including extended family) and tapping into them.

*For example, you may identify a relative who can provide a temporary or permanent home for a child, you may help a parent reconnect with a past support system, or you may identify healthy adults who in the past were important to a child or family.*



## Section One

Using a resource lens creates more options for resolution, and it empowers and supports children and families.

Here are a few questions you can ask when using the resource lens to assess a family:

- How has this family solved problems in the past?
- What court-ordered activities have family members completed?
- How are family members coping with their present circumstances?

### ***Reflection***

- *Using a resource lens, look back at the illustration at the beginning of this section and write down the positive aspects that you see.*

## ACTIVITY: Seeing the Strengths in the Harris-Price Family

**PART I: Think about the Harris-Price case study as you read through the list of strengths below. Mark the appropriate response.**

### ***PARENT-CHILD RELATIONSHIP***

These items focus on the parent's relationship with the child. To accurately assess the parent-child bond, it is important to know the attachment behaviors of the parent's culture. How does this culture display empathy? What are appropriate verbal and nonverbal cues? *For example, language is highly valued in some groups, and not in others. Eye contact between parent and child is expected by some but considered disrespectful by others.*

Yes	No	Unknown	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent shows empathy for the child.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent responds appropriately to the child's verbal and nonverbal signals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent is able to put the child's needs ahead of his/her own.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When they are together, the child shows comfort in the parent.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent has raised the child for a significant period of time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In the past, the parent has met the child's basic physical and emotional needs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent accepts some responsibility for the problems that brought the child into care or to the attention of the authorities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent uses positive, nonviolent discipline.

### ***PARENTAL SUPPORT SYSTEM***

These items reflect the quality of the parent's relationships with his/her current support system. The ways in which support systems function vary depending on culture. Because of the value European American culture places on self-sufficiency and independence, parents are expected to make their own decisions, live independently, and use the family for emotional support. Other cultures, most notably Native American cultures, expect the total group, biologically related or not, to function collectively to resolve problems. Resolution of problems may lie in the hands of the elders in other ethnic groups.

Yes	No	Unknown	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent has positive, significant relationships with other healthy adults (e.g., spouse, parents, friends, relatives).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent has a meaningful support system that can help him/her (e.g., church, job, counselor).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended family is nearby and capable of providing support.

## Section One

### ***PAST SUPPORT SYSTEM***

The next five items look at extended family and friendships that have been helpful in the past and can be tapped again. If the family system has demonstrated healthy coping abilities in the past consistent with their cultural norms, this may be a resource for the family in the present as well.

Yes	No	Unknown	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended family history shows family members able to help appropriately when one member is not functioning well.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relatives came forward to offer help when the child needed placement.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relatives have followed through on commitments in the past.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There are significant other adults, not blood relatives, who have helped in the past.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Significant other adults (who are not blood relatives) have followed through on commitments in the past.

### ***FAMILY HISTORY***

These items look at the parent's history and cultural heritage. To answer the first item in this section, it is important to know to what extent the family has identified with and participated in its ethnic community.

Yes	No	Unknown	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The family's ethnic, cultural, or religious heritage includes an emphasis on mutual caretaking and shared parenting in times of crisis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent's childhood history shows consistency of parental caretaker.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent's history shows evidence of his/her childhood needs being met adequately.

### ***PARENT'S SELF-CARE***

The items in this category highlight the parent's ability to function in an adult mode, according to the expectations of his/her culture. Values regarding health, hygiene, housing, education, and employment differ from culture to culture, so knowledge about the parent's culture is vital to identifying strengths.

Yes	No	Unknown	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent's general health is good.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent uses medical care for self appropriately.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent's hygiene and grooming are consistently adequate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent has a history of stability in housing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent has a solid employment history.

## Section One

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent has graduated from high school or possesses a GED.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent has skills that contribute to employability.

### ***CHILD'S DEVELOPMENT***

Finally, these last five items focus on the functioning of the child. Again, appropriate behavior and social skills vary between cultures, so cultural knowledge is necessary.

Yes	No	Unknown	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child shows age-appropriate cognitive abilities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child demonstrates an age-appropriate attention span.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child shows evidence of conscience development.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child has appropriate social skills.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major behavioral problems are absent.

*Adapted from Concurrent Planning: From Permanency Planning to Permanency Action,  
Linda Katz, Norma Spoonmore, and Chris Robinson,  
Seattle: Lutheran Social Services of Washington and Idaho, 1994.*

## **PART II: Answer the following questions**

1. Choose 3–5 items that you marked “unknown” from each list. How might you gather information to find out if the strength exists in that area?
2. How would looking only at strengths or only at deficits affect your recommendations for this family?



## **The Cultural Sensitivity Lens**

Another essential tool to use when looking at families is the cultural sensitivity lens. Strengths don't look the same in every family. Family structures, rules, roles, customs, boundaries, communication styles, problem-solving approaches, parenting techniques, and values may be based on cultural norms and/or accepted community standards. For instance, many Western cultures believe that children should have a bed to themselves, if not an entire room. In contrast, many other cultures believe that such a practice is detrimental to child development and potentially dangerous.

Additionally, in the United States the ideal of the nuclear family still dominates. However, in many communities extended family takes on a greater role in child rearing, and family may include members of a faith community or others who are not blood relatives.

People in different cultures and socioeconomic classes may use different skills and resources to deal with stress and problems. Material goods are one kind of resource, but some individuals and cultures prize other resources above material wealth. For example:

- **Mental ability** allows a person to access and use information.
- **Emotional resources** provide support and strength in difficult times.
- **Spiritual resources** give purpose and meaning to people's lives.
- **Good health and physical mobility** allow for self-sufficiency.
- **Cultural heritage** provides context, values, and mores for living in the world.
- **Informal support systems** provide a safety net (e.g., money in tight times, care for a sick child, job advice).
- **Healthy relationships** nurture and support.
- **Role models** provide appropriate examples of and practical advice on achieving success.



***Activity: Billy's Story***

**Read the following home-visit summary, which was written by a CASA volunteer.**

*During the home visitation, I observed that Billy's grandmother seemed to play an overly important role in Billy's life, and in fact it was she who did the majority of parenting while I was there. When talking with his grandmother, Billy never looked at her directly and always spoke with a bowed head. It appeared that he was afraid of her and did not want to get within arm's reach. I observed in Billy's family some signs of disrupted attachment in that Billy did not kiss or hug his grandmother even though he had not seen her for several weeks. I also observed that the living quarters did not adequately provide for Billy's need to have a space of his own. He shared a room with several other people. I would therefore recommend that Billy's stay in foster care continues and that supervised visitations continue until the family can get more settled and provide for Billy's emotional and physical needs.*

**Consider that Billy's family is Native American and answer the following questions.**

- What additional information does this CASA volunteer need?
- How might this information change the CASA's interpretation of Billy's family situation?
- How might it change the CASA volunteer's recommendations?



## Section One

### **Stress In Families**

Just as all families have strengths, at some point all families encounter change, stress, and perhaps even crisis—the family moves, a parent is laid off, childcare arrangements fall through, a new stepfamily comes into being, the car breaks down, a child becomes ill, the rent goes up, and on it goes.

The families you will encounter in your work as a CASA volunteer are, by definition, under stress and are likely to be in crisis—if for no other reason than that the state is now involved in determining whether their child remains in their care and custody. Some families cope well and adapt effectively to stress and crisis; others do not and become overwhelmed.

Families that are not able to cope well are often isolated from resources, face a variety of challenges, and are stressed by numerous problems that compound one another. These families may develop patterns that lead to and then perpetuate abuse and neglect.



## Section One

### ***Activity: Stress Level Assessment***

**PART I:** Take a few minutes to complete the “stress test” below to assess your own stress level. For each event that has occurred in your life within the past 12 months, record the corresponding score in the “you” column. If an event occurred more than once, multiply the score for that event by the number of times the event occurred, and record that score.

Life Event	You	Kathy	Value
1. Death of spouse or partner			100
2. Divorce			73
3. Marital or relationship separation			65
4. Jail term			63
5. Death of close family member			63
6. Personal injury or illness			53
7. Marriage			50
8. Fired at work			47
9. Marital or relationship reconciliation			45
10. Retirement			45
11. Change in health of family member			44
12. Pregnancy			40
13. Sex difficulties			39
14. Gain new family member			39
15. Business readjustment			39
16. Change in financial status			38
17. Death of a close friend			37
18. Change to different line of work			36
19. Change in number of arguments with spouse or partner			35
20. Mortgage or loan for major purchase (home, etc.)			31
21. Foreclosure of mortgage or loan			30
22. Change in responsibilities at work			29
23. Son or daughter leaving home			29
24. Trouble with in-laws			29
25. Outstanding personal achievement			28
26. Spouse or partner begins or stops work			26



## Section One

Life Event	You	Kathy	Value
27. Begin or end school			26
28. Change in living conditions			25
29. Revision of personal habits			24
30. Trouble with boss			23
31. Change in working hours or conditions			20
32. Change in residence			20
33. Change in schools			20
34. Change in recreation			19
35. Change in religious activities			19
36. Change in social activities			18
37. Mortgage or loan for lesser purchase (car, TV, etc.)			17
38. Change in sleeping habits			16
39. Change in number of family get-togethers			15
40. Change in eating habits			15
41. Vacation			13
42. Major holiday celebration			12
43. Minor violation(s) of the law			11
<b>TOTAL SCORE</b>			

*Adapted from the Social Readjustment Rating Scale,  
Journal of Psychosomatic Research, T. H. Holmes and R. H. Rahe, 1967.*

**PART II: Total all of your scores and compare to the range of scores listed below to determine whether your susceptibility to illness and mental health problems in the near future is low, mild, moderate, or high.**

### ***Your Susceptibility to Illness and Mental Health Problems:***

LOW = less than 149

MILD = 150 to 200

MODERATE = 200 to 299

HIGH = more than 300

- What thoughts and/or reactions do you have about your total score?



## Section One

**PART III: Once you've calculated your own score, go back through the assessment and determine Kathy Price's stress level. Then, answer the following questions:**

- How many additional points would you give to having your child removed from your home by the child welfare system?
- How might understanding the stress level of a family affect your recommendations?



**NOTES PAGE**

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a template for writing or drawing. The background is a clean, solid white color.

**NOTES PAGE**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Section Two

# COMMUNICATING AS A CASA VOLUNTEER

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## Section Two

### **Communicating as a CASA Volunteer**

You will come into contact with many people during your investigation and monitoring of a child's case. Relationships characterized by respect and credibility will assist you in doing your job.

**Respect is earned as others on the case see your commitment to the child and to your role as a CASA volunteer. Credibility is established when you do what you say you will do in a timely manner, when you make recommendations built on well-researched and independently verified information, and when you maintain your proper role as the child's advocate.**

Effective communication is critical to your ability to advocate for children. Good communication requires:

- Self-awareness.
- Sensitivity.
- Skills.

Understanding the basic elements of communication can increase your skills in gathering the information you need to successfully advocate for a child.



## **The Basics of Communication**

Communication is a two-way street. It is defined as an interchange or an exchange of thoughts and ideas. Often the message a person intends to send is not the message that is received. What is said can be interpreted differently depending on the nonverbal cues that accompany the words. Communication experts suggest that words and their dictionary meanings are only one-third of any speaker's message.

Communication has three components:

1. **Verbal:** The verbal component refers to the actual words spoken, the elements we traditionally think of as language and refer to as “communication.”
2. **Nonverbal:** The nonverbal component refers to gestures, body movements, tone of voice, and other unspoken means of conveying a message. The nonverbal code can be easily misread.
3. **Feelings:** This component refers to the feelings that are experienced in the course of an interaction. While the verbal and nonverbal components can be directly observed, the feelings component is not easy to observe.

Ideally, these three components match—that is, there is no conflict between what people say, what they convey through body language, and what they feel. Sometimes, however, people send mixed messages. Whenever there is a discrepancy between the verbal, the nonverbal, and the feelings components of a message, the receiver of the message will tend to believe the nonverbal. Given all the variables involved, it is easy to see why misunderstandings occur between people.

As a CASA volunteer, you will communicate with children, their families, caseworkers, and others involved in a case. It is important that you understand how to convey your message consistently using all three components of communication—verbal, nonverbal, and feelings. It is also essential that you learn to observe whether people's verbal and nonverbal messages match or are congruent. It is important to “hear” the silent messages. Listening for meaning requires three sets of ears—one set for receiving the message that is spoken, one for receiving the message that is conveyed silently, and one for receiving the feelings of the sender.

*Adapted from “Learning to Listen to Trainees,” Ron Zemke, and  
“Learn to Read Nonverbal Trainee Messages,” Charles R. McConnell.*



## Section Two

### **Language and Cross-Cultural Communication**

Culture and language are very closely related. As a CASA volunteer, you will need to interact effectively with people who speak English but have different cultural backgrounds from yours. You may also need to communicate with families who speak limited English or none at all. Whether you speak the same language as the child and his/her family or must use a translator, it is important that you use plain language without professional jargon.

Speaking a language different from the mainstream has a strong effect on family and individual development. Language is a powerful vehicle for communicating culture. It can be the glue that holds a cultural group together, and at the same time it can be a barrier to gaining access to needed resources such as education or jobs. Many immigrants eager for citizenship and full acceptance strive to acquire English while maintaining their own language. Language also influences a family's connections with the larger community, as those who do not speak English often feel isolated and excluded from the community. If children are the first to learn English, as often happens in immigrant families, the balance of power can shift as parents and grandparents rely on children to translate and interpret information from agencies and others in the community.

*Adapted from Empowerment Skills for Family Workers, Christiann Dean, Cornell Empowering Families Project, August 1996. Used with permission.*



## Section Two

### Activity: Introducing Yourself as a CASA Volunteer

One of the first tests of your communication skills as a CASA volunteer will occur when you introduce yourself and describe your role. Here is one example of what you might say to introduce yourself to a family:

*Hello, I'm a Court Appointed Special Advocate. I'm a volunteer appointed by a judge to gather information by interviewing the child and surrounding adults. I will provide objective written reports to the court about the child's best interests.*

Using what you've learned about communication so far in this section, write what you would say to introduce yourselves to...

- Kathy Price:
- Ben Harris:
- Robert Price's teacher:

## **Communicating Effectively with Others on the Case**

Effective communication requires that CASA volunteers be aware of what attitudes and behaviors they bring to the setting. It is also important to understand something about the family, and the attitudes and behaviors they bring. A CASA will be working with diverse individuals, professions, and ways of life.

In working complex cases, it is easy to reduce the threat of the unknown by making the world predictable with our own conceptions. But stereotypes interfere with seeing people as they really are. When feeling the urge to stereotype, the CASA volunteer should step back and let curiosity push past the stereotype or judgment. Allow real interest and natural curiosity about our differences to lead us to expand our knowledge and understanding.

Recognizing that different points of view are merely perspectives on a specific situation and that no one has a monopoly on the truth is important. Showing empathy for other points of view in order to achieve the best possible course of action for the situation is also important. This approach will enable the CASA to reach consensus when addressing various issues and determining whether case plan tasks are reasonable to overcome the problems that led to removal of the child from the home.

The following roadblocks to communication are listed to help you avoid this behavior. A CASA volunteer should approach each person with respect and honesty. Treat each circumstance as a unique situation in order to avoid making statements that trivialize another person's circumstances.

<b><i>Preaching/Moralizing:</i></b>	"It's wrong to do that..."
<b><i>Giving advice:</i></b>	"You should just..."
<b><i>Quoting facts:</i></b>	"Ninety percent of people today are in the same situation..."
<b><i>Using trite expressions:</i></b>	"No one ever promised you a rose garden."
<b><i>Judging:</i></b>	"That was really stupid!"
<b><i>Reassuring:</i></b>	"I'm sure everything will be just fine."
<b><i>Mine's worse:</i></b>	"You think that's bad, I had a much worse case..."

A way for a CASA volunteer to develop trust is to sincerely restate what was just heard. This allows the person an opportunity to verify what has been said, correct or clarify any discrepancies, and add additional comments.

## **Communicating with CASA Children**

When working with a child, CASA volunteers should remember that the child's chronological age may not match the developmental age. A CASA should take time to develop a relationship that is built on consistent contact and trust. Information may come at the most unusual times and circumstances once trust is developed. It is strongly suggested that consistent personal or phone contact be made at least once every two weeks.

It is also important that the CASA volunteer be candid with the assigned child. When the child gives information that impacts the case, the CASA must tell the child in age-appropriate terms how the information will be used. What the child wants may not be in the child's best interest. The CASA volunteer must inform the child that they will present their opinions to the court, but not necessarily recommend what the child wants. It is also wise for the CASA to ask the child to clarify words or terms they do not understand. As with parents, the CASA volunteer must never promise to keep any secrets. Nothing is "off the record."

There will be a number of times when CASA volunteers will help children deal with their feelings. A child needs to have feelings accepted and respected. When a child is relaying feelings to a CASA, it is important to:

- Listen quietly and attentively.
- Acknowledge the child's feelings with an encouraging word.
- Give the feeling a name. "That sounds frustrating!"

When dealing with a child's behaviors, all feelings can be accepted. Certain actions must be limited. "I can see how angry you are at your brother. Tell him what you want with words, not with fists."

A child needs to have actions described, not evaluated. Positive descriptions can effectively praise a child's effort and increase self-esteem. For example, an enthusiastic, "I see a clean floor, a smooth bed, and books neatly lined up on the shelf," reinforces the successful behavior. "It is a pleasure to walk into this room. Thank you." Sum up the child's praiseworthy behavior with a word. "You sorted out your pencils, crayons, and pens, and put them in separate boxes. That's what I call organization!"

Self-esteem is built by giving the child age-appropriate autonomy.

1. Let the child make choices. "Do you want to go to get a hamburger today, then to the park for a picnic, or do you want to go to the mall for a slice of pizza and window shop?"

## Section Two

2. Show respect for a child's struggle. "A jar can be hard to open. Sometimes it helps if you tap the side of the lid with a spoon."
3. Don't ask too many questions. Be friendly. "Glad to see you. I saw the best TV program the other day. It was about dinosaurs..."
4. Don't rush to answer questions. "That's an interesting question. What do you think?"
5. Encourage children to use sources outside the home. "Maybe the pet shop owner would have a suggestion. Let's look up the phone number and you can ask him."
6. Don't take away hope. "So you are thinking of trying out for the school play. That should be a great experience. What's the play? What part do you want to try out for?"



## Section Two

### **Establishing Rapport and Trust with Children**

A relationship characterized by rapport and trust...

- Should be built on a sincere interest in the child as a person as well as the child's well-being.
- Takes time and energy.
- Involves actively listening to the child's words and observing his/her nonverbal cues.
- Needs regular nurturing.
- Requires honesty in all communication with the child.
- Is developed for the benefit of the child, not the adult.

The children for whom CASA volunteers advocate have been traumatized by the abuse or neglect that brought them to the attention of the child protective services system and by all of the life changes that have occurred as a result of agency intervention. As a CASA, you are likely to be one more new person in a long line of new people in the child's life.

In order to be an effective advocate, you must perform a thorough independent investigation of a child's situation and best interests (not the allegations that brought the child into care). In the course of that investigation, you will meet and talk with the child, the child's family, the child's extended family and neighbors, and the professionals who are working with the child and his/her family.

Developing rapport and trust with the child is one of your most important responsibilities. It is the foundation of your relationship with the child. Respecting privacy is critical to establishing a trusting relationship. You can assess what the child needs and what the child wants only if you have established a relationship that allows the child to honestly share his/her feelings.

#### ***Reflection Question***

*Name three concrete things you think you could do to establish rapport and trust with the children you will encounter as a CASA volunteer.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_





## **Considerations for Observing Children**

Knowledge about communication is important to the specific ways you will gather information from children. Some children can talk about their situations and their wishes, but other children do not have verbal and developmental skills sufficient to express their needs and wishes. Because the verbal skills of children vary, fact-based observations about a child are a vital part of your investigation and court report as a CASA volunteer.

Because it is impossible to observe everything a child does, it is important to think about what specific information you want to know about the child while trying to keep your mind open to unexpected information. Reading over the following questions several times before you begin observing a child will help you remember what to look for.

**1. What is the specific situation in which the child is operating?**

What other activities are going on? What are the general expectations of the group at the moment and what is the general atmosphere of the room—calm, noisy, boisterous, quiet?

**2. What is the child's approach to materials and activities?**

Is the child slow in getting started or does he/she plunge right in? Does the child use materials in the usual way or does he/she use them in different ways, exploring them for the possibilities they offer?

**3. How interested is the child in what he/she is doing?**

Does the child seem intent on what he/she is doing or does the child seem more interested in what others are doing? How long is his/her concentration span? How often does he/she shift activities?

**4. How much energy does the child use?**

Does the child work at a fairly even pace or does he/she work in spurts of activity? Does the child use a great deal of energy in manipulating the materials, in body movements, or in talking?

**5. What are the child's body movements like?**

Does the child's body seem tense or relaxed? Are movements jerky, uncertain, or poorly coordinated?

**6. What does the child say?**

Does the child talk, sing, hum, or use nonsense words while he/she works? Does the child use sentences or single words? Does the child communicate with others using words or gestures?

**7. What is the child's affect (visual emotions)?**

What are the child's facial expressions like? Does he/she appear frustrated? Happy?

## Section Two

**8. How does the child get along with other children?**

Does the child play alone, with only certain children, or with a variety of children? Is the child willing or unwilling to share toys? Does the child always initiate or always follow along with group ideas?

**9. What kinds of changes are there from the beginning to the end of an activity?**

Does the child's mood change during that period?

**10. What is the child's relationship with you?**

**11. What is the child's relationship with others (parents, caseworker, attorney, foster parents, etc.)?**

**12. Is there anything "different" or "troubling" about this child as compared with other children of the same age?**

**13. Are there issues that you think should be checked out by a professional?** (Vision, hearing, dental health, cognitive development, physical development, psychological development, etc.)

*Adapted from "Assessing a Child's Welfare," Eunice Snyder, ACSW, and Keetje Ramo, ACSW, School of Social Work, Eastern Washington University, 1984.*

### ***Reflection Questions***

- In addition to observing behaviors and expressions, what other ways can you learn about what children are feeling?
- How do these ways differ from the ways you learn about what adults are thinking and feeling?
- How might your observations be influenced by your assumptions?

## Section Two

### **Dealing with Conflict**

As a CASA volunteer, you will be gathering information from various sources in order to form your recommendations on behalf of the child you represent. It is inevitable that these various sources will hold different points of view and, in some cases, will come in conflict with you or with each other. Many of us are wary of conflict. It may stir up uncomfortable feelings and negative associations. Our past experience with conflict may lead us to believe that it is destructive. We may try to avoid it, or we may feel inadequate to the task of addressing and resolving it.

But conflict is a natural part of life, and it can be a positive and constructive force. It can clear the air, help us articulate our point of view, and help to define a problem in a way that ignoring it never can. What follows is some information about how to manage conflict that may help remove some of its negative associations and help us see its positive aspects.

Whether we are aware of it or not, we all have a preferred style of handling conflict. We most likely learned it within our family of origin, and we keep at it because it feels part of who we are, how we do things. It's a familiar response that we do not often examine. But, as you will see, each of the following conflict styles is available to all of us. Think of them as tools in a toolbox. Just as different jobs call for different tools, different situations call for different conflict management styles.



## **Conflict Management Styles**

The following framework, developed by Kenneth Thomas and Ralph Kilmann to describe conflict management styles, is used extensively in business and educational programs. A person's style in dealing with a particular conflict depends on the importance of the task or topic at hand and the importance of the relationship between the two parties in conflict.

### ***DIRECTING: "WHAT I SAY GOES" OR "THIS IS NOT NEGOTIABLE"***

You are confident that you know the best way, so you don't bargain or give in. You may feel that you need to stand up for what you believe is right. You may also feel you need to pursue your concerns rather than the other person's concerns.

#### **Potential Uses:**

- When immediate action is needed
- When safety is a concern
- When you believe you are right

#### **Potential Limitations:**

- Intimidates people and can force them to react against your position
- Does not allow others to participate in the decision-making process

### ***AVOIDING: "DON'T MAKE WAVES" OR "THIS ISN'T WORTH THE BOTHER"***

You don't address conflict because you are attempting to be diplomatic or because you want to address it at another time.

#### **Potential Uses:**

- When confrontation is too damaging
- When a cool down period might be helpful
- When you want to buy time to prepare
- When you believe the situation will resolve itself in time

#### **Potential Limitations:**

- Important issues might not get addressed
- The conflict might escalate or return later

### ***ACCOMMODATING: "IT DOESN'T MATTER TO ME"***

You yield to the other person's point of view for the sake of a positive relationship. You may give in for now but expect to get your way another time when the matter is more important to you.

## Section Two

### Potential Uses:

- When the relationship is more important than the issue
- When you want to keep the peace and maintain harmony
- When the outcome is more important to the other person than it is to you

### Potential Limitations:

- If used too often, your needs don't get met

### ***COMPROMISING: “LET’S SPLIT THE DIFFERENCE” OR “HALF A LOAF IS BETTER THAN NONE”***

You seek a middle ground that everyone can agree on. Each party must give up something to reach an agreement that each can live with. Compromising is often quick and easy, and most people know how to do it.

### Potential Uses:

- When parties of equal strength have mutually exclusive goals
- When all else fails

### Potential Limitations:

- May avoid discussion of real issues
- Everyone may walk away dissatisfied

### ***COLLABORATING: “TWO HEADS ARE BETTER THAN ONE” OR “LET’S WORK IT OUT”***

You work with the other parties to explore your disagreement, examine alternative solutions, and attempt to find a mutually satisfying solution (“win-win”) rather than telling them what you think is best or right.

### Potential Uses:

- When everyone's needs are worth meeting
- When you want to improve relations between parties
- When parties are willing to learn from each other's point of view

### Potential Limitations:

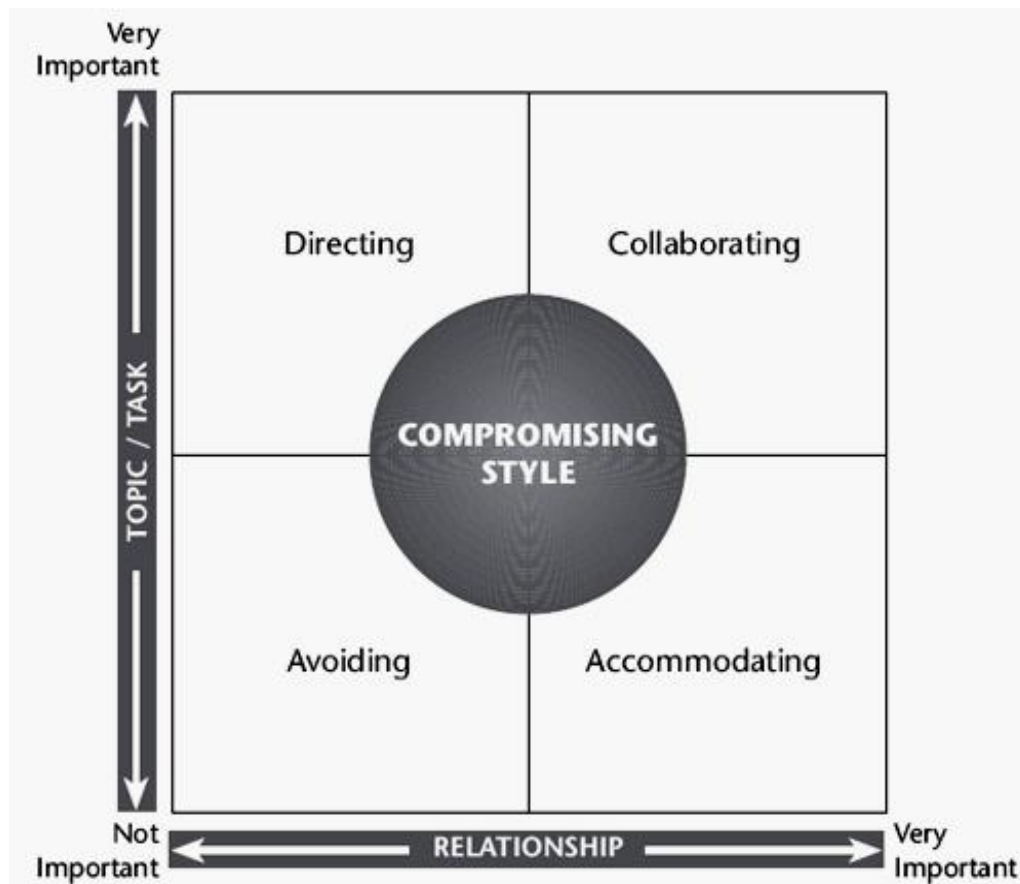
- This method takes time
- It will not work unless everyone is willing to participate
- It requires trust

*Adapted from the Thomas-Kilmann Mode Instrument*

## Section Two

One way to determine which style is the most effective in any given situation is to weigh the importance of the relationship against the task or topic at hand (see chart below). For example, the accommodating style is most effective when the relationship is more important than the task (e.g., one person lets another choose the movie they'll see because it's the company that's important, not the movie). Conversely, the directing style is most effective when the task is important and the relationship is not (e.g., a police officer evacuating a burning building won't be concerned if you like him, just that you escape safely).

Many of us fall back on the same conflict management style out of habit, but the relative weight of task and relationship will vary from situation to situation. It's important to consider each instance and use the most appropriate style. Each style will be useful to you at different times in your work as a CASA volunteer.



***Activity: Conflict in CASA Work***

**Read each of the following case scenarios and answer the questions that follow.**

**CONFLICT MANAGEMENT SCENARIO 1**

**The CASA Volunteer**

You are a new CASA volunteer on a case involving twin three-year-olds. You are having a disagreement with Susan, a caseworker, regarding the need for developmental evaluations. The state has legal custody of the children. The maternal grandmother, who has physical custody of the girls, has reported to you that the girls have hardly any verbal skills. You have met the girls and they seem to know only a few words. You believe that a professional in child development should decide if the children need evaluations.

The grandmother has no transportation and is caring for two other school-age children. She appears to you to be overwhelmed and genuine in asking for help. She is willing to attend the evaluations but needs help setting them up and getting there. You feel it is a CPS responsibility to set up the evaluations and transport the girls.

**The Caseworker**

Susan has been a caseworker for the state for five years. She has some very difficult cases that are taking a great deal of her time and her caseload has been soaring. The department has just been reorganized—again—and Susan has a new supervisor who is very concerned about budget and has been complaining about the high incidence of referrals for outside services (such as developmental evaluations). Susan doesn't believe that evaluations on these children are really necessary; she has had some experience with twins, whose language development was delayed because they had developed their own ways of communicating with each other, and believes that is the situation here. Susan has also had some contact with the grandmother and is not convinced that she will follow through with plans.

*Adapted from material from the North Carolina Guardian ad Litem volunteer training curriculum.*

- What would you do as the CASA volunteer to resolve the conflict?
  
  
  
  
  
  
  
  
  
  
- What barriers might prevent you from resolving the conflict?

## Section Two

### **CONFLICT MANAGEMENT SCENARIO 2**

#### **Psychologist**

For the past six months, Joe, the psychologist, has been providing therapy to a mother whose seven-year-old daughter is in foster care because the mother was so depressed she was unable to care for her properly. The mother has been making good progress in therapy and she reports that visits with her daughter have gone well. Joe feels that she is ready for longer visits and that weekend overnight visitations with her daughter would enhance the connection between them and prepare for the child's return to the home.

#### **The CASA Volunteer**

The foster parent has reported to you that since the child returned from the visit with her mother where the weekend overnight was announced, the child has developed night terrors, has begun to wet her bed again, and has begged the foster mother not to make her go. While you support visitation, you believe that an overnight visit is too abrupt a change for the child.

- What would you do as the CASA volunteer to resolve the conflict?
  
  
  
  
  
  
  
  
  
  
- What barriers might prevent you from resolving the conflict?



***Activity: What Do You Say?***

**As you read each of the following questions and statements below, reflect back on what you have learned so far about being a CASA volunteer. Which questions and statements do you think you could respond to? Which ones do you want to discuss with your county coordinator?**

**What Do You Say When the Child Says...**

- When can I go home?
- Why am I in the foster home?
- Can I tell you something, but you have to promise not to tell anyone else?
- I lied. I didn't tell the social worker the truth.
- My daddy said I couldn't talk to you.
- Where's my mommy? Why doesn't she come see me?
- I hate my \*#@\$\* parents. I never want to see them again.
- I won't go to counseling.
- I'm pregnant.
- I haven't told anyone yet, but my dad's been molesting me.
- F\*\*\* you! I'm not going to talk to you!

**What Do You Say When the Parent Says...**

- What are you going to tell the judge about my case?
- You can't talk to my kid at school without my permission.
- You're just a volunteer. Let me talk to your supervisor.
- I'm not going to let you in my house if you try to visit me.
- Can you give me a ride to my counseling appointment?
- Would you watch the kids while I go to the store?
- I'm flat broke. I don't have any food. Would you give me some money so I can go shopping at the grocery store?
- What do you know—you don't have kids.
- Why won't you let my kids come home? Don't you like me?

**What Do You Say When the Caseworker Says...**

- I'm really busy. Can you please supervise this visit?
- I don't have time to do transportation. If you want these kids to see their mother twice a week, you have to drive them to the visits.
- I don't have a case plan written yet.
- There's a wait list for services. What do you expect me to do?
- Oh, those kids? I sent them to relatives last week.



## Section Two

- I'm the intake worker. I transferred the case last week. I don't know who the new caseworker is.

### **What Do You Say When an Attorney Says...**

- Can I get a copy of your file?
- My client, the dad, can't stand you. How do I get a new CASA assigned?

### **What Do You Say When a Foster Parent Says...**

- I haven't heard from the caseworker recently. What's going on in the case?
- Can you sign Susie's permission slip for this downhill skiing activity?
- John's mom called and wants an extra visit this weekend. Is that okay? I haven't been able to reach the caseworker.
- There's an IEP meeting at school next week and they want his guardian to be there. Is that you or me?
- Mary's mom is here for a visit right now and she's very drunk. What should I do?
- Amy ran away from my foster home last night. What do I do?
- I want these kids out now—they're driving me bats. HELP!

### **What Do You Do or Say When...**

- A legislator calls you about your case?
- The ombudsman calls you about your case?
- The governor's office calls you about your case?
- A reporter calls you about your case?

*Created by Alaska CASA*



## Section Two

### **Resources**

#### **Association for Conflict Resolution**

[www.acrnet.org](http://www.acrnet.org)

The Association for Conflict Resolution is a professional organization dedicated to enhancing the practice and public understanding of conflict resolution. Their website provides a state-by-state search for ACR chapters.

#### **The Center for Nonviolent Communication (CNVC)**

[www.cnvc.org](http://www.cnvc.org)

The Center for Nonviolent Communication is a global organization whose vision is a world where all people are getting their needs met and resolving their conflicts peacefully, including in systems such as economics, education, justice, and healthcare.

#### **CR Info**

[www.crinfor.org](http://www.crinfor.org)

This site provides extensive information about conflict resolution, including articles and resources on more than 600 topics.

#### ***Interviewing Children e-learning course***

<http://www.supreme.state.az.us/casa/prepare/training.html>

This module focuses on the uniqueness of interviewing children, emphasizing the important developmental considerations in planning the child interview, and delineating some age-appropriate interviewing techniques.



**NOTES PAGE**

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a template for writing or drawing. The background is a clean, solid white color.

### Section 3

## CASA WORK—PART 2

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## **The Case Assignment Process**

Every county CASA program must review all dependency cases filed with the juvenile court. Cases are reviewed for risk factors and evaluated on the appropriateness of a CASA assignment. In addition all requests and referrals for CASA volunteers are reviewed by the county program.

The county coordinator reviews each case to determine the specific needs of the child and to match the CASA's strengths and interests with the child's needs. The CASA volunteer is matched on several factors, including but not limited to ethnicity, special skills or background, sensitivity, geographic location, and time availability. A successful match is completed when, after discussing the case with the county coordinator, a CASA accepts the case assignment.

The CASA volunteer has the right to choose whether a case is appropriate. Once an appropriate match is made, the formal order is signed by the juvenile court judge. This order allows the CASA access to confidential information without the consent of the child, parents, or extended family members.

Once assigned, an appointment is made for the CASA volunteer to meet with the county coordinator to discuss the case in detail, receive the case file, and become familiar with various court and program documents. The county coordinator will also provide ongoing guidance, support, and consultation throughout the case. The county coordinator will be available to answer any questions which may arise during the course of the case.

### ***THE CASE FILE***

The case file contains:

- Relevant information regarding the child and family.
- Reports written by the case manager.
- Court orders issued to date.
- Any other reports or documents which have been provided to the court.
- Copies of all forms necessary to fulfill your case assignment.

### ***REVIEWING THE FILE***

The amount of time spent on reviewing the case file will depend on what point in the dependency the CASA volunteer enters the case. Once assigned to a case and the case file received, the CASA should begin by thoroughly reviewing it. This may be done with the county coordinator so that initial approaches to various parties may be discussed.

### **Section Three**

During the case, all correspondence including court orders, reports written by the case manager, psychological evaluations, and other legal and social documents pertaining to the case will be mailed to the county program office. These items, as well as finalized copies of the court report, will be photocopied; one copy will be mailed to the CASA volunteer, and one will be placed in the office case file. If the CASA receives written documents directly from DES or other sources, a copy should be made for the county program office.

#### ***MEETING THE CASE MANAGER***

After being assigned a case and reviewing the case file, meeting the assigned case manager is the next step. The CASA volunteer should schedule an appointment with the case manager to share information and establish a reciprocal working relationship. The CASA should ask to review the CPS case file and photocopy any important documents which may not be in the CASA file. Although there is not a valid reason why the CASA volunteer should be denied access to the file, the CASA is responsible for communicating with the case manager and requesting time to review and copy it. When meeting with the case manager, determine the case manager's schedule and attempt to establish a rapport or communication procedure that will work for both of you to exchange information.





## **Monitoring the Case**

As a CASA volunteer, it's important that you remain actively involved in a case until the case closes with the child in a safe, permanent home. One of your most important duties is to monitor your case—to check regularly on how things are going. You monitor and check on things every day in your personal life. You can apply the same successful monitoring methods and tools from your daily life to the monitoring of your CASA cases.

It is sometimes difficult to maintain the momentum that exists when you are first assigned to a case. Partnering with your county coordinator can help you remain involved and inspired to advocate effectively throughout the life of the case.

Monitoring includes making certain that a feasible and appropriate permanency plan exists or is in place for the child, that appropriate resources are being provided to the family, that progress is being made to achieve the plan, and that the child's basic needs are being met. Monitoring is a regular ongoing process, facilitated by ongoing communication with all parties to the case and regular review of all documentation.

As a CASA volunteer, your monitoring responsibilities specifically include:

**1. Conduct follow-up investigations to ensure that case plan and court orders are being properly executed:**

- Review the case plan and court orders.
- Visit the child regularly and maintain sufficient contact with parents, relatives, foster parents, and agency personnel to determine if court orders are being properly executed.
- Contact service providers for ongoing information (counselors, substance abuse providers, skills instructors, etc.)
- Verify accuracy of information gained during follow-up investigation.
- Notify CASA program staff and the attorney for the child if the case plan and court orders are not being properly executed.
- Contact those who are responsible for carrying out case plan tasks to address noncompliance.
- Prepare for each hearing by writing reports on case plan progress and compliance with court orders.

**2. Report to the court when the needs of the child are not being met:**

- Identify facts and changes in situation that may necessitate the case's return to court.



### Section Three

#### **3. Protect and promote the best interest of the child until formally relieved of the responsibility by the court:**

- Regularly monitor the child in his/her home setting to evaluate appropriateness of placement, determine whether the child is receiving services, and identify any unmet needs.
- Determine if additional services are needed for the child.
- Identify facts and changes in the situation that may necessitate the case's return to court.

#### **4. Constantly assess the case plan and permanency goal by asking:**

- Is it still viable?
- What barriers exist?
- What needs to happen to make it successful?

*Adapted from the North Carolina Guardian ad Litem volunteer training curriculum.*



## Section Three

### ***Activity: Perceptions of the Court***

Another part of your CASA volunteer experience will involve appearing in court. Although you may not have to appear in court for several months after you take your first case, it is important to explore your perceptions and begin preparing for your first hearing.

**Think about a time when you or someone you know went to court, or think back to a movie you saw that dealt with a courtroom experience and answer the following questions.**

1. Describe the situation.
2. What were your impressions of the courtroom players?
3. If you have a personal experience of court, how does it differ from what you have observed on television or in the movies?
4. Based on what you know about court, how would you prepare to attend court?

*Created by John Lewis, district administrator for District 24,  
North Carolina GAL Program.*



## **Appearing in Court**

Imagine that you have spent the last few months investigating your case, talking to your child's caseworker, her teachers, and her health care providers, visiting with her and her foster family, and interviewing her parents. You have worked very hard the last two weeks preparing your court report. Now it's time to go to court.

If just the thought of going into a courtroom has your palms sweating and your heart racing, then take a few deep breaths and sit back. Here is what you need to know about surviving in the courtroom.

Once you have completed your investigation, prepared your court report, and talked to your coordinator, your case is ready for court. Now you need to get yourself ready for court. This means being well informed and forewarned about the court process, which the following material is intended to do.

### ***APPEARANCE***

This is probably not your most serious concern, but since the judge's first impression of you will be based on your appearance, it deserves discussion. Impressions given to the judge are crucial so you should dress professionally and conservatively. Ask your county coordinator about your judge's expectations regarding court attire.

### ***DEMEANOR***

Your demeanor in court is also important. One word sums it up: *respect*. Any time you are in the courtroom—even when your case is not being heard—conduct yourself in a respectful, professional manner.

- Do *not* bring food or drinks into the courtroom.
- Do *not* chew gum or have anything in your mouth that will need to be spit out.
- Turn *off* your cellular phone or pager while you are in the courtroom.
- Turn *off* your watch alarm.

Show respect for everyone in the courtroom. This rule applies regardless of whether you disagree with them, do not personally care for them, or actually dislike them. Finally, be especially respectful of the judge and mind the bailiff, who will tell you when to sit, when to stand, and when to be quiet.

## Section Three

### ***SCHEDULING***

Court calendars can be set by the judge, court administration, and the parties to a case. Sometimes there are more cases scheduled for the day than can be heard. Sometimes, attorneys underestimate how long a case will take and the judge cannot determine until later in the day that a case will be continued. What does this mean? Well, it may mean that you will wait for a long time for your case to be called. Frustrating? Yes. Avoidable? To some extent, but remember, the judicial process is not an exact science. Be patient, but by all means let your county coordinator know in advance if you have other commitments for that day. If your case is continued, it will be scheduled for hearing at another time.

### ***INTERACTION IN THE COURTROOM***

Judges set the tone for their courtroom; some are formal, while others are more informal. As you begin attending court hearings for your CASA case, you will be able to determine how each judge wants information from each party in the case. He or she may individually ask for updates or may expect a CASA volunteer to indicate that there is something to add. Be sure to discuss these elements with your county coordinator prior to your first hearing.



***Activity: Oral Recommendations***

During a court hearing, a judge may ask the CASA volunteer if he or she has a recommendation in a particular matter. As a CASA, it is important to be prepared to respond succinctly and explain your position.

**Part 1: Take a moment and review the Harris-Price case updated information that you received during the Advocacy Academy.**

**Part II: In the space below, prepare a summary of your verbal recommendations for the next court hearing for this case. When you meet with your county coordinator, you will have two minutes to make your presentation, so keep your comments clear and concise.**

## **Using a Collaborative Approach**

Advocacy consists of recommendations and negotiations to obtain the desired outcome in the best interests of the child. Advocacy comes in the form of suggestions or recommendations made to the case manager, counselors, school personnel, attorneys, and others involved with the child and family. As a CASA volunteer, you will interact and communicate with many people who hold many different opinions and beliefs about children and families. Often, addressing a difference of opinion or challenging a firmly held belief will be an integral part of your advocacy. The CASA program encourages CASA volunteers to use a collaborative approach in working with families and with other agencies and organizations in the community. As you work together on a common plan to ensure that the child is in a safe, permanent home, you will see that the collaborative approach brings more creative energy and resources to a situation or problem.

At its best, collaboration means different people or groups working together toward a goal they all agree on, with everyone doing what they do best, within the guidelines set by agency policy. As people from various agencies work together with families, they get to know each other and understand each other's services and approaches. It is important that you only accept activities that fall within the duties of a CASA volunteer and that you advocate for others to complete activities that fall within their mandated roles (e.g., CASAs do not generally provide transportation, supervise visits, or do home studies).

When agencies collaborate successfully, the child and all of the participants in the collaboration win. Using this positive approach greatly increases the chance that the child will find permanence without unnecessary delays.

### ***KEYS TO SUCCESSFUL COLLABORATION***

- **Develop a Partnership**  
The people or agencies in a collaboration need to develop mutually respectful relationships that allow for the development of trust.
- **Assess Reasons for Collaborating**  
Collaborators need to clarify their reasons for working together and identify contributions each can offer to the plan. This is an ongoing process.
- **Set Goals and Make a Written Plan**  
Parties should write down the goals and the steps needed to reach these goals, indicating who will be responsible for each activity.



## Section Three

- **Learn and Practice Skills**

Group members may need to learn some new skills in order to reach the goals of the group. Collaborators can teach each other and invite additional assistance as needed.

- **Celebrate Accomplishments**

All parties should take the time to celebrate their joint accomplishments with the families, workers, and others who have supported the collaboration.

### ***“PEOPLE-FIRST” LANGUAGE***

As a CASA volunteer, you will collaborate often with the parents or relatives of a child, as well as with professionals from the agencies that serve children and their families. Collaboration means starting where the other person is instead of where you would like them to be. It is about listening, often listening more than you speak—and when you do speak, it is about paying attention to the words you use. It is important to use “people-first” language.

“People-first” language recognizes that people should not be reduced to their conditions. People have disabilities or illnesses—they are not the illness (e.g., “a person who has an addiction to drugs” versus “the drug addict”). Using adjectives that describe a person’s condition as nouns often results in a derogatory label beginning with the word “the” (e.g., people who do not earn enough money to meet their needs become “the poor” or “the disadvantaged”). With this in mind, you are encouraged to ask about concerns, look for strengths, question labels, and work with people as collaborators.

### ***NEGOTIATION***

Negotiations come into play, both formally and informally, when they involve the actions needed to ensure the best interests of the child. Many perspectives are brought to this case by parents, professionals, and interested parties. Below are tips to guiding negotiations.

- Know the bottom line. Research generally yields facts and situations that need attention. The CASA volunteer should determine what actions must take place to correct the core problem of the abuse and neglect and what actions are optional.
- Maintain a passionate objectivity. Emotions and reactions to situations in the case may cause repulsion, anger, disbelief, and other reactions. The CASA must not allow subjective interpretations to sabotage appropriate solutions that are in the child’s best interests.





### Section Three

- Do the homework; be prepared. Effectiveness in negotiating actions that are in the child's best interests are based upon facts presented, actions observed, and solutions that have reasonable chances for success.
- Think positively. Find ways to make actions work.
- Take time. Do not impulsively make decisions or judgments. Take sufficient time to digest information. Taking time is an active process. Brainstorming ideas, solutions, and scenarios enable case plan team members to come up with creative solutions that address a unique family problem. Assess proposals in light of the child's issues and needs. Ask if a particular step is in the child's best interest.



## **Working As a Team Member**

Many professionals will be involved on each case, such as the case manager, attorneys, counselors, or school personnel. Each has a role to play and each should be working to accomplish the same goal. A cooperative effort will accomplish much more than an adversarial one. Effective communication, which includes sharing information, is critical to accomplishing the goals of the case and serving the best interests of the child.

### ***CASE MANAGER***

It is important that a professional working relationship be established with the case manager. Generally, case managers support the service that CASA volunteers provide. The CASA must remember that the case manager's role is child protection, AND family reunification (if possible).

Following are a few common expectations case managers have for CASA volunteers.

- Regular contact with the child. This individual contact is essential because a case manager may see a child only once a month and relies on input from various people to give a rounded perspective of the child and family.
- Make well-founded recommendations, even if contrary to other service team members.
- Keep the case manager updated on any new development of information in the case.
- Help the child pursue a special interest. The CASA may be able to seek information and recommend to the court a special activity that the child would like to do.

Lack of contact from a case manager is usually unintentional. The CASA volunteer should attempt contact and work the relationship from the position of mutual respect. Respect, however, does not mean the CASA and case manager cannot disagree; each party is entitled to his or her own conclusions, as long as they are supported by fact. The CASA volunteer should always handle any differences of case interpretation diplomatically and professionally.

### ***FOSTER PARENTS***

The CASA should always be considerate of a foster parent's time and household schedule. It is important for a CASA volunteer to remember that foster parents have a difficult job, may have several foster children at one time, and often feel a lack of support. However, they live with the child on a 24-hour basis and are concerned for the

### **Section Three**

child's welfare. If approached in a considerate and professional manner, the foster parents may provide a wealth of important information. If there are concerns about the foster home, the CASA is obligated to speak about these concerns with the case manager, foster care licensing worker, and county coordinator. The CASA volunteer is responsible for reporting suspected abuse or neglect by a foster parent.

#### ***BIOLOGICAL PARENTS***

Parents may view the CASA with less mistrust than they view others involved in the case. The CASA volunteer should be clear and honest about their role as an advocate for the child's best interests, and that the actions taken and help provided are meant to fulfill that responsibility. Parents should be encouraged to meet the objectives and tasks outlined in the case plan. Successful efforts are needed to correct the reason why the child was removed and to facilitate reunification of the family.

The CASA should remind the parents that everything they say is "for the record." If the parent or the CASA volunteer believes something is important, it should be included in the court report. If it is information that endangers the child's safety, the CASA should contact the county coordinator, CPS case manager, and the CPS hotline as soon as possible. The phone number for the hotline is 888-SOS-CHILD or 888-767-2445.

CASA volunteers should NEVER promise parents anything over which they have no control or can't provide. The CASA may establish a positive relationship with the parents, but the CASA volunteer must be careful to not become the ongoing family counselor, budget advisor, or parent aide. If these services are needed, the CASA can make a recommendation to the case manager and the court requesting these services.

CASA volunteers should keep their personal lives separate from the case. It is important not to become involved with parents in any other peripheral way, such as selling them insurance or encouraging them to attend your church.

#### ***ATTORNEYS***

Attorneys serve an important function of ensuring that due process takes place throughout the judicial proceedings. Attorneys represent the wishes and desires of the client, be it the child, parents, agency, etc. Attorneys should be present at the court and FCRB hearings and case plan staffings.

CASA volunteers make recommendations directly to the court. Attorneys can file motions. The difference is that the court must rule on a motion. Discussion with the child's attorney may prove beneficial to prod the system to provide needed services. Often, attorneys will not have current information and the CASA may need to bring the attorney up-to-date with appropriate information.



## Section Three

### ***SURROGATE PARENT***

The surrogate parent is appointed by the court to a child who has special education needs and no parent available to sign necessary documents. The surrogate parent participates in special education meetings to ensure that the child's educational needs are met. Surrogate parents must receive training prior to appointment by the court. CASA volunteers can become the surrogate parent for their CASA child with proper training through the Department of Education, and as such, can provide needed input to the child's educational progress.

### ***FOSTER CARE REVIEW BOARD (FCRB)***

The Foster Care Review Board is made up of community volunteers who review the cases of all children involved in dependency proceedings and who reside in an out-of-home placement. FCRB reviews occur at least twice a year for as long as the child remains in out-of-home placement.

Reviews may be attended by the case manager, foster parents, biological parents, CASA volunteers, attorneys, and sometimes the children. Each party updates the FCRB with whatever information they think is pertinent to the review of the case and then the members of the FCRB will ask questions about the case. Boards then collectively make recommendations to the court concerning not only the "best interest" issues of the child, but also make recommendations for system changes to the appropriate entities.



## **The Ultimate Goal: Getting to Permanence**

Permanence for a child is the ultimate goal of the child welfare system which has removed a child from their biological home. All children need a “parent,” a primary attachment figure who will care for them through life’s ups and downs, protect them and guide them into adulthood. Typically the parents are a mother and father, but one or more other caring adults who are willing to commit unconditionally to the child can also meet the child’s needs for permanence. Your primary goal throughout the case you are assigned to is to advocate for the best *permanent* situation for the child.

Recall that the federal Adoption and Safe Families Act of 1997 (ASFA) sets specific timeframes about permanence for children who have been removed from their homes. If a child is under three, the permanency decision must be made **within six-months**. For children over three, the requirement is **one year**. At this time, the child welfare agency, the court and all the team members involved in the case must decide what the permanent plan is for the child. Until that time, many things have been happening:

- CPS has identified and provided services for the family to enable them to rectify the reasons that their children were removed.
- The parents have been notified of the timeframe they have to comply with the case plan to reunify with their children.
- Staffings and/or Child and Family Teams (CFTs) will have been taking place.
- CPS, the CASA volunteer and the court have monitored the case plan and the tasks given to all parties to ensure that it is appropriate and that it is being followed or amended as needed.
- Report and Review (R & R) hearings have been held periodically for the court to be updated on case plan compliance to be able to make rulings and decisions about services for the family, placement decisions regarding the children, etc.

If, during the mandated timeframes, the parents meet the requirements of the case plan and address the issues that brought their children into care, and it is safe to return the children to the parents, the court may decide to return the children. Often, everyone agrees that this is the best decision, but that is not always the case. Team members may disagree on that permanent decision. Ultimately, it is the court that will make this important decision based on the best information they are provided by all people working with the family, including the CASA volunteer.

If it is not deemed safe to return the children to the parents, ASFA requires that the court decide what the final, *permanent* decision for the children will be.



### Section Three

For children under three years of age, the court must adhere to the following:

- Determine within six months whether Reasonable Efforts have been made to reunify the family.
- Consider at the first Report and Review hearing whether the parent has substantially neglected or willfully refused to participate in services.
- Conduct the permanency hearing within six months to determine the child's permanent fate.

For children over three years of age, the court will move to a permanent decision (permanency hearing) if:

- At nine months, if the parents are unwilling to address the changes that need to occur in their lives and have not complied with the case plan;
- At twelve months, if the parents are unable to address the changes that need to occur in their lives and have not been able to comply with the case plan (they may have made some attempts, or complied with only some of the required changes but it does not appear that they will be successful).

As a CASA volunteer, you will need to make a recommendation to the court at the Permanency Hearing about what you think the final outcome of the case should be. The decision typically involves trying to decide if the goal of Family Reunification can occur, or if some other permanent arrangement needs to be made for the child. Other permanent options are: adoption by a relative or non-relative, guardianship with a relative or non-relative, long term placement with a foster family, or independent living (for older teenagers.) There may already have been a concurrent plan in place (*see Section Three in the Advocacy Academy manual*), and the decision can then be made to move ahead with the concurrent plan.

The **CASA Permanency Worksheet** on the next page was created to help you evaluate the permanent options for a child as you monitor a case.



### Section Three

## CASA Permanency Worksheet

RE:	DOB:	File #:
1. Is it likely for the child to be returned home immediately or within the next six months, and if not, why is it not in the child's best interest to return home?		
2. Should the child remain in the current placement or be placed in another permanent living arrangement? Why?		
3. Has the child been in placement outside the home for 15 of the most recent 22 months?		
4. Should legal guardianship with a relative or some other suitable person be established?		
5. Is filing a petition for termination of parental rights in the best interest of the child? Why or why not?		
6. Should adoption be pursued, and if so, are there any barriers to the child's adoption?		
7. Has Child Protective Services made "reasonable efforts" since the last hearing to implement the permanent plan for the child?		
8. Is there any other information the court should have in order to make this decision?		

*Adapted from a form created by Barbara King, district administrator,  
North Carolina Guardian ad Litem Program.*



## Section Three

### **Resources**

#### **Child Welfare Information Gateway—Family Reunification**

[www.childwelfare.gov/permanency/reunification](http://www.childwelfare.gov/permanency/reunification)

This section of the Child Welfare Information Gateway website includes a list of resources specific to family reunification. Resource lists are broken down into topic areas that include: engaging parents in reunification, reunification assessment, reunification with substance-abusing parents and preventing reentry.

#### **National Resource Center for Family-Centered Practice and Permanency Planning**

[http://www.hunter.cuny.edu/socwork/nrcfcpp/info\\_services/reunification.html](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/reunification.html)

This resource center focuses on increasing the capacity and resources of state, tribal and other publicly supported child welfare agencies to promote family-centered practices that contribute to the safety, permanency and well-being of children while meeting the needs of their families.

#### ***Permanency Options online training module***

<http://www.supreme.state.az.us/casa/prepare/training.html>

This training module provides advocates with information on the placement options that may be available to children who have been permanently removed from their parents.

#### ***Giving the Family a Chance: Working Towards Reunification***

<http://www.casanet.org/communications/connection-magazine.htm>

This National CASA article from page 10 of the fall 2008 *Connections Magazine* presents a fresh look at the issues surrounding reunification, discusses reasonable efforts, offers tips for advocates, and provides useful resources for CASA volunteers.





<b>NOTES PAGE</b>
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# NOTES PAGE

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## SECTION 4

### SELF CARE FOR CASA VOLUNTEERS

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○ <b>Compassion Fatigue.....</b>	<b>1</b>
○ <b><i>Activity: Sustaining your Motivation.....</i></b>	<b>2</b>
○ <b>CASA Volunteer Safety.....</b>	<b>3</b>
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## Section Four

### **Compassion Fatigue**

Day in, day out, workers struggle to function in care giving environments that constantly present heart wrenching, emotional challenges. Affecting positive change in society, a mission so vital to those passionate about caring for others, is perceived as elusive, if not impossible. This painful reality, coupled with first-hand knowledge of society's frequent disregard for the safety and well being of the feeble and frail, takes its toll on everyone from full time employees to part time volunteers.

Compassion Fatigue symptoms are normal displays of chronic stress resulting from the care giving work we choose to do. Leading traumatologist Eric Gentry suggests that people who are attracted to care giving often enter the field already compassion fatigued. A strong identification with helpless, suffering, or traumatized people or animals is possibly the motive. It is common for such people to hail from a tradition of what Gentry labels: other-directed care giving. Simply put, these are people who were taught at an early age to care for the needs of others before caring for their own needs. Authentic, ongoing self-care practices may be absent from their lives.

Many resources are available to help you recognize the causes and symptoms of compassion fatigue. Healing begins by employing such simple practices as regular exercise, healthy eating habits, enjoyable social activities, journaling, and restful sleep.

Accepting the presence of compassion fatigue in your life, and the possibility that you will be affected by it as a CASA volunteer, only serves to validate the fact that you are a deeply caring individual. Somewhere along your path, the truth will present itself: You don't have to make a choice. It is possible to practice healthy, ongoing self-care while successfully continuing to care for others.

#### **Self Care Begins With the Following:**

- Be kind to yourself.
- Enhance your awareness with education.
- Accept where you are on your path at all times.
- Exchange information and feelings with people who can validate you.
- Listen to others who are suffering.
- Clarify your personal boundaries. What works for you; what doesn't?
- Express your needs verbally.
- Take positive action to change your environment.

*Source: Compassion Fatigue Awareness Project*



***Activity: Sustaining Your Motivation***

Success in CASA work requires strong internal and external support systems and self-confidence. Confidence is built on the skills you have developed during this training, the determination you feel to carry out the mission of the program, and the many personal strengths you bring to the work.

You will work with difficult emotional issues. It is important that you recognize the impact this work has on you and that you think about how to take care of yourself.

**Please respond to the following questions.**

- 1. What is one thing you've done in the past to sustain yourself or renew your motivation during a difficult or frustrating time period?*
  
  
  
  
  
  
  
  
  
  
- 2. How will you sustain your motivation in your role as a CASA volunteer?*
  
  
  
  
  
  
  
  
  
  
- 3. How will you create boundaries for yourself so you do not become overly involved in the problems of the children and families with whom you will work?*

## Section Four

### CASA Volunteer Safety

The Arizona CASA Program is highly invested in keeping you safe. If you ever have a question or concern about the safety of any aspect of your work or if you feel apprehensive or fearful, you should immediately consult with your CASA coordinator.

The safety tips below are mostly common sense and good advice whether you are doing CASA volunteer work or not.

- **Think ahead.** Know the situation and know where you're going in order to look confident.
- Meet a parent or another person in a **neutral place** initially, and if necessary, thereafter.
- **Be aware** of the immediate area.
- **Tell someone** where you'll be, how long you'll be there, and when you expect to return. If plans change, call and let that person know.
- Keep safe, but **be respectful** of the neighborhoods and homes you are entering.
- **Trust your instincts.** If you are really uncomfortable, take protective action—walk away.
- **Don't share personal information** about yourself or your family, especially your phone number(s) and address. Home addresses can easily be found on the Internet using a home phone number. All correspondence and communication should flow through your CASA program office.
- If you witness or see signs of illegal activity, **get out** of the situation as soon as you can.

#### ***Reflection Question:***

- *What additional ideas do you have that would increase your personal safety?*



## **Support from your CASA Program**

As a CASA volunteer, you need support in the work you do. Your work touches many disciplines—child abuse and neglect, criminal justice, child growth and development, family systems, social services, and the law. Few people are experts in all these fields. CASAs come from all walks of life and have various work and educational backgrounds. CASA volunteers are effective because they work energetically and creatively to improve the lives of abused and neglected children. You will need continued support and encouragement as you make recommendations to the court about what is in the best interests of the children for whom you advocate.

### ***PROGRAM STAFF SUPPORT***

A strong relationship with your CASA coordinator and other program staff is vital; they will assign cases, monitor case progress, review reports and records, and help solve problems. They can offer resources, answer questions, and support you in your work.

### ***IN-SERVICE TRAINING***

The Arizona CASA Program requires 12 hours of in-service training each calendar year. In-service training allows you to take advantage of opportunities for additional learning about the many facets of CASA volunteer work that are introduced in this pre-service training curriculum. Your county coordinator will provide more information on what is available in your area.

### ***PEER RELATIONSHIPS***

Within program guidelines, working with other CASA volunteers is an effective way to strategize, problem-solve, and get moral support in this work. Many counties offer peer support meetings where CASAs can get together to discuss general case issues and frustrations as well as share ideas and resources.

### ***SELF-CARE/PERSONAL SUPPORT NETWORKS***

Because of the time demands, stress, and frustrations that can be part of CASA work, it is important to have social and emotional support, and to take care of yourself so you don't burn out.

***Reflection Question:*** *What other support do you think you might need?*





## Section Four

### **Resources**

#### **Compassion Fatigue Awareness Project (CFAP)**

<http://www.compassionfatigue.org/pages/compassionfatigue.html>

CFAP is committed to gathering, documenting, and disseminating useful information that can be readily introduced into care giving environments in order to impact the lives of caregivers in a positive way.

#### **Self Care Quiz**

<http://myselfcare.org/index.htm>

Look for the self care quiz on the left-hand side of the screen.



**NOTES PAGE**

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## **Section 5**

### **STATEWIDE SERVICES AND LOCAL RESOURCES**

In this section you will find information on services and resources that are available statewide for all CASA children. In addition, there is also a descriptive list of potential services and resources that may or may not be available in your county. Your CASA coordinator will provide you with more information on these resources as well as any additional materials for this section.

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○ <b>Description of Statewide Services.....</b>	<b>1</b>
○ <b>Statewide Services Chart.....</b>	<b>4</b>
○ <b>Description of Potential Services.....</b>	<b>5</b>
○ <b>Local Resources Chart Template.....</b>	<b>10</b>





## **Description of Statewide Services**

### ***ARIZONA EARLY INTERVENTION PROGRAM (AZEIP)***

Research tells us that the first three years of a child's life are critical years for learning. Early care and education have a long-lasting impact on how children develop. During a child's first three years, it is important to focus on a child's developmental needs and take advantage of a child's natural ability to learn.

The Arizona Early Intervention Program (AZEIP) is a statewide system of supports and services for families of **children, birth to three, with disabilities or developmental delays**. The AZEIP system is a collaboration of activities by the following State Agencies:

- Department of Economic Security (DES)
- DES/Division of Developmental Disabilities (DDD)
- Arizona Department of Health Services (ADHS)
- Arizona State Schools for the Deaf and the Blind (ASDB)
- Arizona Department of Education (ADE)
- Arizona Health Care Cost Containment System (AHCCCS)

### ***ARIZONA FAMILIES F.I.R.S.T. (Families in Recovery Succeeding Together)***

Arizona Families F.I.R.S.T. is a program that helps parents address **substance abuse** issues that are affecting their ability to care appropriately for their children or to get and keep a job. This innovative, community-based approach is built on research, best practices and community involvement and has been implemented in collaboration with DES-contracted providers in the community and with the Department of Health Services. It provides the opportunity for families to overcome the barrier of substance abuse in order to reach the outcomes of permanency for children, family reunification and self-sufficiency.

Arizona Families F.I.R.S.T. emphasizes face-to-face outreach and engagement at the beginning of treatment, concrete supportive services, transportation, housing, and aftercare services to prevent relapses. The service delivery model incorporates essential elements based on family and community needs, such as culturally responsive services, gender-specific treatment, services for children, and strategies to motivate and assist the entire family in its recovery.

## Section Five

### ***COMPREHENSIVE MEDICAL AND DENTAL PROGRAM (CMDP)***

CMDP was formed in 1970 and provides medical and dental care for children in out-of-home foster care from newborns to 18 years old. Children placed in out-of-home foster care become CMDP members through referrals from:

- The Arizona Department of Economic Security (DES) through CPS
- The Arizona Administrative Office of the Courts (AOC) or
- The Arizona Department of Juvenile Corrections (ADJC)

CMDP operates as a Medicaid acute care health plan under the guidelines of the Arizona Health Care Cost Containment System (AHCCCS). For about 17,000 children annually, CMDP provides coverage for health care services ranging from doctor visits, hospitalizations and prescriptions, to dental and vision care.

### ***DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)***

The Division of Developmental Disabilities, within the Arizona Department of Economic Security, provides support and services to eligible adults and children with developmental disabilities. The Division believes individuals can best be serviced in integrated community settings. The majority of support and services are tailored to meet a person's needs at home and in community-based settings.

The Division coordinates support, services, and resources through a central administrative office, six district offices, and over 50 local offices in various communities throughout the state. These local offices promote access to community resources and program flexibility in meeting the person's needs.

### ***REGIONAL BEHAVIORAL HEALTH AUTHORITY (RBHA)***

RBHAs contract with a network of community service providers to deliver a full range of behavioral health care services, including prevention programs for adults and children, a full continuum of services for adults with substance abuse and general mental health disorders, adults with serious mental illness, and children with serious emotional disturbance.

Arizona is divided into six geographical service areas (GSAs) served by four Regional Behavioral Health Authorities (RBHAs):

- **Magellan**
- **Community Partnership of Southern Arizona (CPSA)**
- **Northern Arizona Behavioral Health Authority (NARBHA)**
- **Cenpatico Behavioral Health of Arizona**



## ***OTHER RESOURCES FOR FOSTER CHILDREN***

- **Arizona Friends of Foster Children Foundation**

[www.affcf.org](http://www.affcf.org)

The Arizona Friends of Foster Children Foundation (AFFCF) was founded in 1983. The mission of AFFCF is to promote the self-esteem and enrich the lives of Arizona's foster children by funding activities, education, and other needs that provide them with quality experiences while they live through the most difficult circumstances. AFFCF generally funds:

- Scholarships.
- Tutoring.
- Lessons (karate, dance, etc.).
- Athletic Equipment.
- Bicycles.
- Theme Park Admissions.
- Summer camp.

AFFCF also sponsors the *Jan Lindsey Awards*, which are provided to foster children nominated by their CASA volunteer that have shown exceptional personal and academic growth over the past year. Awards are presented at a special luncheon in their honor. Nomination forms and narratives are due in April of each year.

- **CASA Support Councils**

CASA Support Councils are non-profit organizations that typically support the CASA program in their county by providing direct support to foster children and the CASA programs. CASA Support Councils provide the children with items that they typically do not receive while in out-of-home care, such as back-to-school supplies, bikes, lessons and tutoring, prom dresses, and more.

## Section Five

### Statewide Services

Service	Focus Area	Contact Information	Local Area Information
<b>Arizona Department of Education</b>	<i>Education</i>	<a href="http://www.ade.state.az.us">www.ade.state.az.us</a>	
<b>Arizona Early Intervention Program (AZEIP)</b>	<i>Children, birth to three, with disabilities or developmental delays</i>	(888) 439-5609 <a href="http://www.azdes.gov/azeip/">www.azdes.gov/azeip/</a>	
<b>Comprehensive Medical and Dental Program (CMDP)</b>	<i>Medical and Dental Care</i>	(800) 201-1795 <a href="http://www.azdes.gov">www.azdes.gov</a> (Place your mouse over “Medical,” then choose “Comprehensive Medical & Dental”)	
<b>Division of Developmental Disabilities (DDD)</b>	<i>Developmental Disabilities</i>	(866) 229-5553 <a href="http://www.azdes.gov/ddd/">www.azdes.gov/ddd/</a>	
<b>Arizona Families F.I.R.S.T.</b>	<i>Substance Abuse</i>	<a href="http://www.azdes.gov">www.azdes.gov</a> (Place your mouse over “Family Services,” then choose “Families First”)	
<b>Regional Behavioral Health Authority (RBHA)</b>	<i>Behavioral Health</i>	<a href="http://www.azdhs.gov/bhs/aboutbhs.htm">www.azdhs.gov/bhs/aboutbhs.htm</a>	





## **Description of Potential Services**

The following list of services has been provided to aid CASA volunteers in their efforts to find supportive resources for children and families. All services may not be available in every county, so please check with your CASA coordinator for more specific information.

**Adoption Services**—Finding a permanent home for a child includes recruiting potential adoptive parents, evaluating the adoptive home, arranging placement of a child in the home, counseling, or other services to assure successful placement. Services to biological and adoptive parents, as well as the child, are included.

**Aftercare Services**—Follow-up support, assistance/treatment, and counseling services can be provided to a child after leaving an out-of-home placement.

**Case Management**—Services provided by a CPS case manager include assessment, development, and monitoring of a case plan, and coordination of services provided for families.

**Counseling**—Specialized programs focus on issues that prevent a child, parent, or family from living together successfully.

**Crisis Intervention**—Counseling and other services are available on a 24-hour basis to a child and a family to alleviate a crisis situation. Some programs provide services in the home or place a child out-of-home for a “cooling off” period.

**Daycare**—Infant, preschool, and after school care may be provided in daycare centers, churches, and on-site schools, regardless of family income.

**Dental Services**—Dental care is provided for a child, regardless of family income through the Comprehensive Medical and Dental Plan (CMDP).

**Infant Stimulation**—This program provides specialized sensorimotor, cognitive, and preschool communicative, social, and behavioral training for some portion of the 24-hour day to a child with special needs.

**Domestic Violence Shelter**—The shelter provides 24-hour crisis services, including shelter, for victims and children of domestic violence.

**Education Services**—These services help children secure educational opportunities most appropriate to their capacity, including testing and referral. For example, a child has the right to be tested, and local school districts must identify and provide learning capacity tests for children under three years to determine if any developmental delays are present.



## Section Five

Early Intervention Programs may be provided if the tests indicate help in some area is needed.

**Emergency Shelter**—Community shelters provide short-term emergency housing, food, and social services to homeless families and children.

**Employment Training**—Vocational services provide assessment, training, education, and assistance and referral to job or training opportunities, job clubs, or other support services.

**Family Counseling**—Counseling is provided that focuses on the family unit. Multiple individuals within the family may be treated separately and together.

**Family Preservation Unit**—Families receive intensive in-home services from units designed for crisis intervention. Families are assigned a CPS case manager, a counselor, and a parent-aide who are available to families 24-hours a day, seven days a week. The goal of family preservation is to keep children in their own home, avoiding foster care placement. The intensive service is provided for a maximum of eight weeks. If the child is unable to be minimally protected at that time, the case remains open for regular CPS services, which may involve foster care placement.

**Foster Care Licensing and Adoption Units**—These units license and maintain short-term (emergency receiving homes), long-term (regular foster homes), and specialized (therapeutic) foster homes, or group homes for children. The foster care unit is also responsible for arranging training of foster parents. There are also Division of Developmental Disability licensed foster homes for children.

**Financial Assistance**—Money, food, housing, shelter, clothing, or other goods on an emergency or continual basis, and Aid to Families with Dependent Children (AFDC) benefits are provided.

**Foster Parent Support Services**—Services include social work staff support, support services, support groups, respite care, family counseling, child care, etc.

**GED Preparation**—Provides educational services that are designed to prepare young adults for the high school equivalency exam.

**Health Care**—Health care services, including preventative and acute medical care, are available to a child through CMDP regardless of family income.

**Home-Based Intervention**—Short-term family preservation programs provide family therapy, teach skills, and help families obtain basic services, such as food and housing. These programs are crisis-oriented, have flexible hours, focus on the family as a unit,



## Section Five

accept families on the verge of having a child removed, and work with families in their homes.

**Housing Assistance**—Help is available to families and individuals to obtain or retain adequate housing. The program includes rent assistance, relocation, and public housing.

**Independent Living**—This program teaches youth to live independently. Youth who are 17 years or older, and who meet specific guidelines, may live in a non-licensed placement such as an apartment or boarding room and may receive a monetary subsidy. In some counties, this may be called the Young Adult Program (YAP).

**Independent Living Skills**—Offered to all youth age 16 and older, these skills aim to help adolescents prepare for living on their own. Services include training on money management, employment, cooking, shopping, using public transportation, finding housing, etc.

**Independent Living Subsidy Program**—The teen receives a monthly payment from DES to help subsidize living expenses.

**Juvenile Sex Offender Treatment Programs**—Treatment programs are available for children and youth who sexually abuse another child, typically administered through a juvenile probation office.

**Legal Services for Children and Parents**—Provision of legal counsel for children and parents assures that the legal rights of an individual or family are protected. Also includes referral to other legal resources.

**Nutritional Services**—Nutritional education and food supplement programs such as the Women, Infants and Children Program (WIC) are available.

**Occupational Therapy**—Therapy by means of work, such as arts and crafts, is designed to focus the mind on positive accomplishment or correct a particular physical defect.

**Parent Aide Services**—These services support parents in their own home, including formal and informal instruction, training in management of household budgets, maintenance and care of the home, preparation of food, nutrition, consumer education, parenting skills, child management, and health maintenance.

**Parenting Skills Education**—These services help parents identify specific ways to improve the care they provide to a child. It also teaches skills in child care and household management, and helps parents establish community supports and build self-confidence in order to maintain, and hopefully exceed, minimum parenting standards.



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**Physical Therapy**—The treatment of disease, injury, etc., by physical means, by exercise, massage, infrared or ultraviolet light, electrotherapy, or heat.

**Post-Adoption Services**—Services are provided to a child and the adoptive parents after the adoption is finalized. The service includes counseling, adoptive parent support groups, adoptee counseling, etc.

**Psychiatric/Psychological Services**—Services are available for evaluation and treatment of a child and/or parents by psychiatrists and psychologists to determine the nature and extent of mental illness, learning disabilities, behavior problems, etc. They include testing, medical examinations, the development and implementation of a treatment program, and the prescriptions of medication if necessary.

**Recreation Services**—Funds for recreational summer camps and wilderness experience programs for youth are made available by DES and can be applied for through the case manager.

**Remedial Education**—Educational services designed to compensate for past inadequacies in education through tutoring and special intensive class work.

**Respite Care**—Short-term care of a child to allow the parent or foster parent time to perform errands, chores, recreation, or fulfill social or family obligations. Service may be provided within the child's home or elsewhere.

**Skilled Nursing Care**—This service provides 24-hour nursing services for developmentally disabled children and includes rehabilitation services.

**Special Education Services**—These services are available to identified children in public schools, and are provided in accordance with federal regulations, and the Individuals with Disabilities Education Act (IDEA).

**Speech Therapy**—Services provided by a trained therapist to alleviate or reduce speech impediments.

**Special CPS Units**—Within DES, some counties offer specialized help created to work with specific types of cases, children, and situations (i.e., Adoptions, Independent Living, etc.) The CASA volunteer may be working with case managers from these units.

**Substance Abuse Treatment**—This inpatient or outpatient service is designed to assist children and adults to reduce or eliminate dependency on alcohol and other drugs through psychological and medical services. This service also includes detoxification, psychological treatment such as behavior modification, and counseling.



## Section Five

**Surrogate Parent**—A qualified, trained person who is appointed by the Department of Education or a juvenile court judge. The “parent substitute” is to represent the interests of a child requiring special education services on behalf of the parent unwilling or unable to do so. By law, DES case managers and other DES employees and subcontractors cannot be surrogate parents (refer to A.R.S. §§ 15-761 and 763.01).

**Teen Pregnancy and Parenting Programs**—Services for adolescents to prevent unwanted pregnancies, including counseling, family planning, and educational services. These programs also provide support to pregnant or parenting teens and include education in pre-natal care, independent living, parenting skills training, and relationship counseling.

**Transportation Services**—Transportation may be provided for certain services offered to assist families and children.

**Women, Infants and Children (WIC)**—A federally funded program providing mothers with nutritious foods, nutrition education, and referrals. WIC serves pregnant, breastfeeding, and postpartum women, and infants and children under age five who meet WIC eligibility guidelines.



**Local Resources Chart**

	Contact Information

